

Case Number:	CM15-0110837		
Date Assigned:	07/24/2015	Date of Injury:	10/15/2012
Decision Date:	08/25/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, North Carolina
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old female, who sustained an industrial injury on 10/15/12. She reported injury to her neck, lower back, bilateral hand and knees related to a fall. The injured worker was diagnosed as having C3-C4 and C4-C5 canal stenosis, cervical degenerative disc disease and cervical facet arthropathy. Treatment to date has included an EMG of the upper extremities on 1/30/15, chiropractic treatments, Norco, Nortriptyline and Naproxen. On 1/23/15 the injured worker rated her neck, back and knee pain a 7-8/10. The treating physician noted a negative Spurling's test in the cervical spine. As of the PR2 dated 2/17/15, the injured worker reports pain in her knees and hands. She rates her pain a 7/10. The treating physician requested an interlaminar epidural injection at C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Interlaminar epidural injection at C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: CA MTUS Chronic Pain Guidelines state that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. ESI is an option for treatment of radicular pain. The request for interlaminar epidural injection at C6-7 is not medically necessary.